


Entered - 05/19/00 - sb  
CL00L0286 - DIANNE C. MITCHELL

00- *R* -1829

CLAIM OF: **RAMENDRA M. SAHA**  
**2955 A-2 Peachtree Road, NE**  
**Atlanta, Georgia 30305**

For damages alleged to have been sustained as a result of property damage due to a series of sewer back ups occurring on April 2 and April 15, 2000 at 2955 A-2 Peachtree Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

*Mitchell*  
05/17/00

Today's Date: 4/18/00 *TR*

04-24-00P06:19 RCVD

Dear Municipal Clerk:

ENTERED - 5-19-00 - SB  
00L0286 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 6000.00 property and/or \$ 100 bodily injury for which I contend the City is liable.

1. Date of incident: 4/2/00 & 4/15/00 2. Time of Incident: 10 A.M 3. Police called: Yes ☒ No
4. Location of incident (including street address): 2955, A-2, PEACHTREE RD. N.E. ATLANTA, GA. 30305
5. Name of your insurance company: CAPITOL INDEMNITY CORP. Policy No. BP 00119477
6. State what and how incident occurred: DURING LAST THREE WEEKS, THE RESTAURANT FLOOR WAS OVERFLOWN SEVERAL TIMES, BECAUSE OF SEWAGE PROBLEM WE COMPLAINED TO CITY OF ATLANTA (SEWER DEPARTMENT) SEVERAL TIMES. NO ONE SHOW UP. IT WAS SO BAD, THAT WE HAD TO CLOSE RESTAURANT ON 4/15/00. DUE TO OVERFLOW, IT STUCK MAIN LINE ON THE MAIN LINE WAS BACK UP. STREET
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

*Rahendra*  
Signature of Claimant

RAHENDRA M. SAHA  
(Print Claimant's Name)

2955, A-2, PEACHTREE RD. N.E.  
(Address)

ATLANTA, GA. 30305  
(City, State and Zip Code)

(404) 237-2661 (770) 457-2709  
(Work Number) (Home Number)

00-12-1829